

## Snohomish County – Planning and Development Services

2nd Floor, Robert J. Drewel Building 3000 Rockefeller • Everett, WA • (425) 388-3311• <u>www.snoco.org</u>

### \*\*\* IMPORTANT NOTICE \*\*\*

#### Dear Customer:

After completing an <u>INSPECTION REPORT APPLICATION</u>, it is now **YOUR RESPONSIBILITY** to schedule an inspection in order to get an inspector out to the site. You may do this online by going to <u>mybuildingpermit.com</u>. When scheduling your inspection please leave the inspector a message with important information such as entry arrangements and directions to site (if difficult to locate).

For more information regarding online permitting and how to schedule inspections online please go to https://snohomishcountywa.gov/3920

# PLEASE HAVE THE FOLLOWING INFORMATION READY WHEN SCHEDULING YOUR INSPECTION:

1.	Inspection Report Reference Number (Permit Number):
	This number will also be located on your application form and transaction
	statement.

- 2. Inspection site contact name, phone number and email address.
- 3. The date you want your inspection. You will have up to 3 business days from which to choose. We will make every effort to complete the inspection on the requested date.

### **PLEASE NOTE:**

- It is important that the site remain accessible for the inspector.
- All paperwork must be on site for your inspector at the time of inspection.
- The inspector will conduct only ONE inspection.
- If you are requesting an inspection report for the purposes of an Adult Family
  Home inspection and it cannot be approved at the initial inspection, it will be
  necessary to return to Planning and Development Services and submit a new
  Inspection Report Application and pay the appropriate fees. The inspectors do
  not make multiple trips for a single inspection report.



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	3000 Rock	cefeller • Evere	ett, WA • (425) 38	8-3311• <u>ww</u> y	w.snoco.org		
Report No		Fee:					
	IN:	SPECTION	REPORT AP	PLICATIO	N		
Assessor's Prope	erty Tax Account	No:			Z	oning:	
Address of Inspe		City:					
Inspection Reque	ested By:						
Mailing Address:							
Phone (Home):Phone (Cell / Work)							
Email Address:							
Type of Inspecti							
	ucture (Fire, winc amage:	•					
Entry Arra	angements to Str	ucture:					
	Home (WABO/D f sewage disposa			quired.)			
Number o	of Bedrooms:	Clie	nt Bedrooms:		Caregiver B	edrooms: _	
Other							
Please ex	plain the nature	of the inspec	tion request:				
Owner/Authorize	ed Agent Signat	ure:			Date:		
lease refer to the ne inspection proce		IOTICE" dod	cument for insp	ection requ	uest instructio	ons and exp	lanation of
lectrical permits andustries (425) 290		quests must	be made to the	he Washin	gton State D	epartment o	of Labor &
HIS INSPECTION EQUIRED PERMI lumbing systems of rovide satisfactory	TS AS NOTED I complies with all	IN THIS REF	PORT. This rep	ort does no	ot certify that	the entire s	structure or
nspector Commer							
DG PERMIT PLUMBIN REQUIRED PERMIT RE		GRADING PERMIT REQ'D ☐	PLANS & PLAN CHECKFEE REQ'D	PLOT PLAN REQ'D	FIELD CHECK IN LIEU OF PLANS	SITE REVIEW REQ'D	WA STATE ELE

INSPECTOR:\_ DATE: \_\_\_\_\_